

Breast Cancer

Patient Guide
Anne Arundel Medical Center
Breast Center

Patient
Guide

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The Breast Center**

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1. General Information

Welcome

Thank you for choosing The Breast Center at Anne Arundel Medical Center. If you have been given this book by the staff it is likely that you have been told you have breast cancer. This can be one of the most frightening and confusing times of your life. At The Breast Center, we are committed to empowering you with all the information you need to make confident choices in your treatment plan. Our staff has designed this book to 1) provide concise and well-illustrated information and, 2) allow you to keep an organized record of all your personal reports, physician's visits and appointments.

Breast cancer affects 1 in 8 women, and by 2009 there were over 2.5 million breast cancer survivors living in the United States. You are not alone. It may be helpful to know that the majority of women with breast cancer live longer than 10 years after diagnosis. We are getting closer to considering it more of a chronic illness than a life-threatening disease.

The National Comprehensive Cancer Network and American Cancer Society experts have agreed upon some specific recommendations for treating women with breast cancer based on the latest research on the disease. These recommendations are updated each year and can be viewed on the World Wide Web at www.cancer.org or www.nccn.org. The guidelines, which have been incorporated within this notebook, and conversations with your physician will give you the necessary information for a safe and successful journey through your treatment.

Your mental health and general attitude can influence your chances of a cure, therefore the staff of The Breast Center is dedicated to helping you stay optimistic and positive. We believe you play a key role in ensuring a successful recovery. Our goal is to involve you in each step of the process.

AAMC's Breast Center is providing national leadership in the treatment and research for breast disease. Our multi-disciplinary approach to treatment means each case is reviewed weekly by a team of specialists from nine various disciplines, so patients get the valuable opinions of a staff of specialists in determining the most effective, least invasive plan of treatment.

Although no one wants to be told they have cancer, there are things that can be gained and learned through this journey and we encourage you to stay open to these new revelations. You may discover new strengths in your family, your friends, as well as yourself.

Our team is here to help you every step of the way.

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Overview of The Breast Center at AAMC

In order to provide emotional, physical and spiritual support for women who have been diagnosed with breast cancer and their families, we have a wealth of resources available to you. These are described below.

Breast Imaging at Anne Arundel Diagnostics—Digital mammography, ultrasound directed needle biopsies, ductography, stereotactic non-invasive biopsy, needle localization and biopsy, thorough and meticulous cosmetic incisions, breast ultrasound, dedicated breast MRI, and access to investigational imaging devices. The Breast Center continues to be committed to investigating all diagnostic tools and procedures that have promise in detecting smaller tumors with minimal discomfort.

Multidisciplinary Care Team—Each patient's case is reviewed weekly by our dedicated panel of experts including mammographers, radiation and medical oncologists, breast surgeons, pathologists, plastic surgeons, psychiatrists, social workers and breast center nurses to ensure the patient receives comprehensive care. Their dedication in attending this weekly conference is a truly unique feature of our Breast Center.

Information and Resources—A personalized care notebook is provided to each patient. Breast Center Nurse Navigators present, review and reinforce diagnosis and treatment information and options. Education for referring physicians and a dedicated Breast Center library which includes audio, video and reading material are also available. We are also developing an extensive bookmarked collection of web sites that we have found to be helpful for our patients. These can be accessed during your visit to the Breast Center, on the computers in the library.

Follow-up Care—Post-operative teaching, pain management, physical rehabilitation, treatment for lymphedema, massage therapy, alternative therapy, support groups, and outreach programs are offered to patients. The Breast Center is interested in developing better methods of follow-up for our patients to detect recurrences earlier. Much of the research effort of the Breast Center is dedicated to this goal.

Counseling—Psychosocial counseling, genetic counseling, financial counseling, dietary counseling, and counseling for high risk patients can be arranged. Our Risk Assessment and Prevention Program (RAPP), is available for patients and their families to introduce all possible options for decreasing a person's chances of developing breast cancer.

Breast Cancer Research—Opportunities are available for patients to participate in a breast cancer databases, therapeutic clinical trials, imaging trials, and blood testing. The goal of the Breast Center is to be at the forefront of every major advance in the management of breast disease. In order to meet this goal we feel research is an integral component of the Center. Although we are committed to innovative care at no time will any investigative protocol or clinical trial be used at the Center that could compromise the care of our patients.

Using this GuideBook

Preparation, education, continuity of care and discharge planning are important steps in your treatment. This guide was compiled with the assistance of breast cancer survivors to provide you with information on:

- What to expect every step of the way.
- What you need to do.
- How to care for yourself during each step of your treatment.

In this notebook you will find valuable information to assist you in preparing for surgery and in recovery. Your physician, nurse or other health care professional may add to or change some of the recommendations in this notebook. Always follow their advice first but feel free to ask any questions. We suggest you keep this notebook handy, and take it with you on treatment visits. It will be an invaluable resource.

We would like to extend our gratitude to the American Cancer Society and National Comprehensive Cancer Network for allowing us to reprint information from their publication Breast Cancer Treatment Guidelines for Patients, June 1999 edition. Material from that publication can be found throughout this Patient Guide. For more information about the NCCN or ACS, contact:

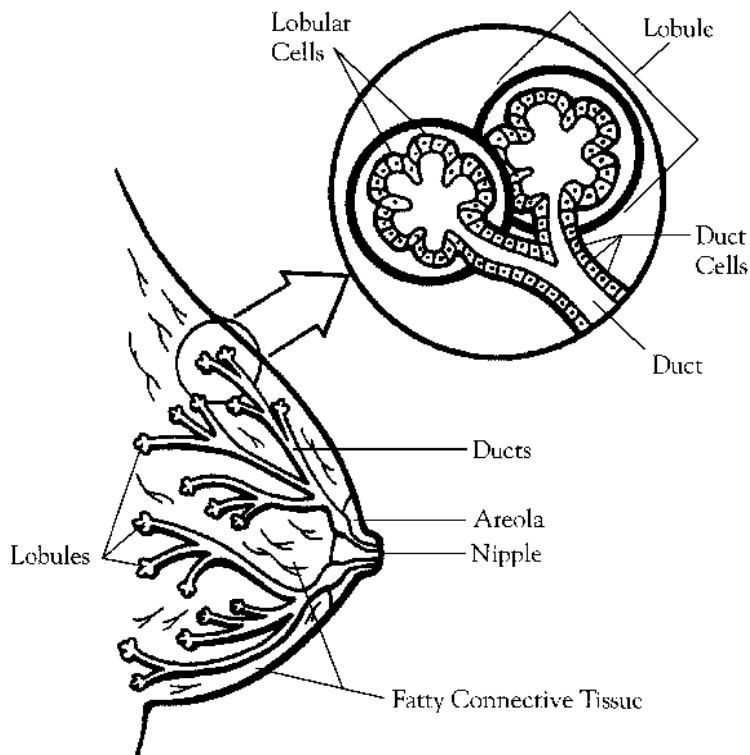
National Comprehensive Cancer Network
1-888-909-NCCN
www.nccn.org

American Cancer Society
1-800-ACS-2345
www.cancer.org

Additional information was obtained from Opening Doors to Breast Health and Healing: A Resource Guide published by the Maryland Chapter of The Susan G. Komen Breast Cancer Foundation.

2. Understanding Breast Disease

Understanding Breast Anatomy



The main parts of the female breast are **lobules** (milk-producing glands), **ducts** (milk passages that connect the lobules and the nipple), and **stroma** (fatty tissue and ligaments surrounding the ducts and lobules, blood vessels, and **lymphatic vessels**). Lymphatic vessels are similar to veins, but carry lymph instead of blood.

Lymph is a clear fluid that contains tissue waste products and immune system cells. Most lymphatic vessels of the breast lead to axillary (under arm) lymph nodes. Cancer cells may enter lymph vessels and spread out along these vessels to reach lymph nodes.

Lymph nodes are small, bean shaped collections of immune system cells important in fighting infections. When breast cancer cells reach the axillary lymph nodes, they can continue to grow, often causing swelling of the lymph nodes in the armpit.

If breast cancer cells have multiplied in the axillary lymph nodes, they are more likely to have spread to other organs of the body as well.

Breast Cancer Work Up

History and physical exam

Whenever your doctor “takes a history” he or she will ask you a series of questions about your symptoms and risk factors. The physical exam for breast cancer includes palpation (feeling for masses), and looking at the surface of the body. The doctor also will examine:

- Any breast abnormality noting its texture, size, and relationship to skin and chest muscles.
- Any changes in the nipples or skin of the breast.
- Lymph nodes under the armpit and above the collarbone (enlargement or firmness of these lymph nodes might indicate spread of breast cancer).
- Any other organs to check for spread of breast cancer and to help evaluate the condition of your health.

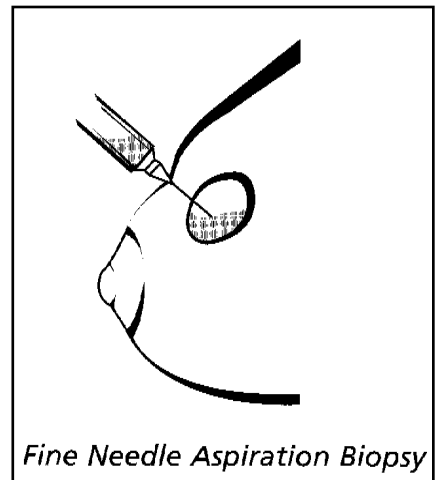
Biopsy techniques

If a woman or her health provider detects a suspicious breast lump, or if x-rays find an abnormal area, the physician must take a biopsy (tissue sample), to be examined under a microscope. This biopsy reveals whether a cancer is present. Each type of biopsy has advantages and disadvantages; choosing one depends on each patient’s situation.

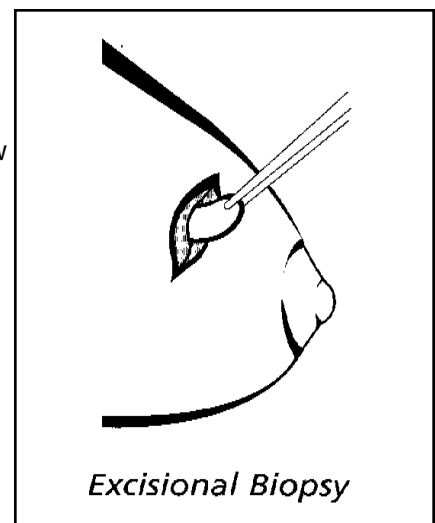
The **fine needle aspiration biopsy** (FNAB) uses a thin needle, smaller than the needle used for blood tests.

While the doctor touches the lump, he or she guides the needle in by hand. If the lump can’t be felt easily, the doctor might use ultrasound to guide the needle. High-frequency sound waves produce images of breast tissue; the doctor can watch the needle on a screen as it moves toward and into the mass. FNAB is being used less since the introduction of the needle core and ultrasound guided biopsies which take a core of tissue and allow a more accurate assessment.

These two techniques, **stereotactic core needle biopsy** and **ultrasound guided core needle biopsy**, use a computer guided by mammograms taken from two angles to map the exact location of the mass. Then the computer guides the needle to the right spot so the physician can remove small tissue fragments with a hollow needle. These techniques require a needle that is larger than the one used in FNAB. It removes a small cylinder of tissue (about



Fine Needle Aspiration Biopsy



Excisional Biopsy

1/16 inch in diameter and 1/2 inch long) from a breast abnormality. As with FNAB, a core needle biopsy can sample abnormalities felt by the doctor as well as smaller ones pinpointed by ultrasound or stereotactic methods.

In some cases a surgical biopsy may be needed to remove all or part of the lump for microscopic examination. This is called an **excisional biopsy**. The surgeon removes the lump or tissue abnormality.

During an excisional biopsy, the surgeon may use a procedure called **wire localization** if there is a small lump that is hard to locate by touch, or if certain areas look suspicious on an x-ray that cannot be felt. A hollow needle is placed into the breast and x-ray pictures are taken to guide the needle to the abnormal spot. The surgeon or radiologist inserts a thin wire through the center of the needle. The hollow needle is then removed, and the surgeon used the wire as a guide during the excision procedure.

An **incisional biopsy** is a type of surgical biopsy that removes only part of a mass. Incisional biopsy is not often used in breast cancer diagnosis unless the breast mass is very large.

Local anesthesia is generally used for FNAB and stereotactic core needle biopsies which are performed in a doctor's office or radiology department. For incisional and excisional biopsies, sedation is often used in addition to a local anesthetic. General anesthesia is rarely used for breast biopsies. These procedures are done on an outpatient basis.

Pathology review

Because results of the biopsy so profoundly affect the treatment a woman will receive, NCCN guidelines recommend you get a second opinion, called a pathology review. You can ask your doctor to send the microscope slides containing thin slices of tissue to a place you trust for a second opinion, or one can be recommended to you by your doctor.

Additional Testing for Presence of Disease

Imaging

Bilateral (Both Sides) Mammography

Screening mammography, with its top-down and side views, is used for the early detection of breast cancer in women without any breast symptoms.

Diagnostic mammography, with multiple views, helps characterize breast masses or determine the cause of other breast symptoms.

These x-rays of the breast are especially useful in detecting breast cancers that cannot be felt. Even if one breast has an obvious lump and the other feels normal, doctors must take x-rays of both breasts to make sure no other tumors are present.

Mammography, however, is not perfect and can miss cancers.

Chest X-ray

Used to detect spread of breast cancer to the lungs.

Breast Ultrasound

This test uses high-frequency sound waves to produce an image of breast tissue on a computer screen. Radiologists sometimes employ this painless method to distinguish fluid-filled cysts from solid tumors or to further evaluate a mammographic abnormality.

Bone Scan

This imaging method gives important information about the bones, including the location of cancer that may have spread to the bones. This type of imaging procedure is painless, except for the needle stick when a low-dose radioactive substance is injected into a vein. Images are taken to see where the radioactivity accumulates, indicating an abnormality.

Computed Tomography (CT) Scans

A computer combines multiple x-rays taken of the same part of the body from different angles. The image that results is a detailed cross-sectional picture of internal organs. Except for injection of a dye (needed in some but not all cases), this is a painless procedure. Doctors order CT scans to detect the spread of breast cancer to such organs as the liver, lungs, internal lymph nodes, or adrenal glands.

Magnetic Resonance Imaging (MRI) Scan

MRI scans use radio waves and magnets to produce detailed cross-sectional images of the breasts but without x-rays. MRI scans are often used to determine whether cancer detected by mammography, ultrasound and biopsy has spread further into the breast or into the chest wall.

PET Scan

This is a form of imaging that uses low-dose radioactive glucose. The glucose (sugar) is used by rapidly growing cells, such as cancer cells. For breast cancer it remains controversial but holds the promise of being more sensitive than CT or MRI for detecting sites of breast cancer.

Blood Tests

A complete blood count (CBC) determines whether the patient's blood has the correct number of various cell types.

Abnormal test results may suggest spread of breast cancer to the bone marrow, where blood cells form. Doctors repeat this test regularly in patients treated with chemotherapy, because these drugs temporarily affect the blood-forming cells of the bone marrow.

Spread of breast cancer to the bones or liver may cause certain chemical abnormalities in the blood. To detect these changes, physicians perform blood chemical tests.

Currently there is no accurate blood test for breast cancer. The Breast Center is dedicated to finding a blood test that can detect early breast cancers and early recurrences similar to the PSA test for prostate cancer detection. Information on the progress of this research will be given to you as it becomes available.

Receptor Testing (ER/PR)

Tumor hormone receptor testing helps determine treatment. Two hormones produced by a woman's ovaries — estrogen and progesterone — stimulate growth of normal breast cells and some breast cancers.

Estrogen and progesterone receptors function as a cell's "welcome mat" for these hormones circulating in the blood. If a breast cancer cell lacks these receptors, scientists call it estrogen receptor-negative (ER-negative) and/or progesterone receptor-negative (PR-negative), or simply hormone receptor-negative. This designation means that the cell is less likely to respond to hormonal therapy.

ER- and PR-positive breast cancers will more likely respond to hormone treatment. Doctors perform receptor tests on a piece of the cancer (the biopsy specimen) to see whether these receptors are present and to what extent.

HER-2/neu Testing

HER-2/neu is the name of a gene that produces a type of receptor that helps cells grow. Breast cancer cells with too many HER-2/neu receptors tend to be exceptionally fast-growing.

A drug called trastuzumab (Herceptin) acts against tumors driven by HER-2/neu. Doctors use special tests to identify which breast cancers have extra copies of the HER-2/neu gene, or elevated levels of HER-2/neu receptors. This test is performed on a portion of the breast biopsy specimen.

Other Diagnostic Tests

Ductal Lavage

This technique injects fluid into the ducts of the nipple and then pulls the fluid back out. The fluid is then analyzed by the pathologist to see if abnormal cells are found. This remains investigational but holds the promise of detecting early breast cancers.

Ductoscopy

Very small fiberoptics have been invented that can be inserted into the nipple to actually look at the walls of breast ducts, where breast cancers frequently start. This remains investigational but also holds the promise of detecting early breast cancers.

Types of Breast Cancer

Carcinoma In Situ

The cancer remains in the ducts or lobules and has not invaded the nearby fatty tissues or spread to other body organs. There are two types of breast carcinoma in situ:

LOBULAR CARCINOMA IN SITU (LCIS)

LCIS, also known as lobular neoplasia, begins and remains in the lobules (milk producing glands). Most specialists do not think of LCIS as a true breast cancer, but women with LCIS have a higher risk of later developing an invasive cancer in either breast. If you are diagnosed with LCIS you may be a candidate for clinical trials.

DUCTAL CARCINOMA IN SITU (DCIS)

DCIS cancer cells inside the ducts do not spread into the surrounding fatty tissue. DCIS is the most common type of noninvasive breast cancer.

Infiltrating (or Invasive) Ductal Carcinoma

This type of cancer begins in a milk passage, or duct, in the breast and breaks through the wall of duct, invading the breast's fatty tissue. It can then spread to other parts of the body through the lymphatic system and bloodstream. About 80 percent of all breast cancers are infiltrating ductal carcinoma.

Infiltrating (or Invasive) Lobular Carcinoma

Starting in the milk-producing glands, this cancer also can spread beyond the breast to other body parts. About 10 to 15 percent of invasive cancers are infiltrating lobular carcinoma.

Medullary Carcinoma

This is a relatively uncommon form of invasive breast cancer that has a well-defined, distinct boundary between tumor and normal breast tissue. Medullary carcinomas have a better prognosis than either infiltrating ductal or lobular carcinomas. About five percent of all breast cancers are medullary carcinomas.

Colloid Carcinoma

Also called mucinous carcinoma, this rare invasive form of breast cancer is formed by mucus-producing cancer cells. It also has a better prognosis than either infiltrating ductal or lobular carcinomas.

Tubular Carcinoma

This is a special type of invasive breast cancer which has an excellent prognosis. Tubular carcinomas account for about two percent of all breast cancers.

Inflammatory Breast Cancer

This type of breast cancer causes the skin of the affected breast to become red, feel warm and thicken to the consistency of an orange peel. However, these changes are not caused by inflammation but by the spread of the cancer cells within the skin's lymphatic channels. About one percent of invasive breast cancers are of this type.

Inflammatory breast cancer is considered a stage IIIB, unless it metastasizes. Distant spread of the disease is considered stage IV. (See below for stage information.)

Adenoid Cystic Carcinoma

This cancer is typically found in the salivary glands but in rare instances develops in the breast. It has a better prognosis than infiltrating ductal or lobular carcinomas.

Breast Cancer Stages

Breast cancer stages refer to how far a breast cancer has spread within the breast or to nearby tissues and other organs in the body. Cancer stage is usually determined after surgery and after the pathologist looks at all specimens. Diagnostic tests like CT scans and bone scans may also be ordered to ensure staging after surgery is accurate.

The stage of the cancer is one of the most important factors used in determining the best course of treatment. It also is the most important factor in predicting prognosis.

Stage 0

Noninvasive or in situ breast cancer:

- DCIS, cancer cells remain in the duct
- LCIS, cancer cells remain in the lobules

Stage I

Tumor is smaller than 2 centimeters in diameter ($\frac{3}{4}$ of an inch or less) and does not appear to have spread beyond the breast.

Stage II

Tumor is larger than 2 cm in diameter and/or has spread to lymph nodes under the arm on the same side. Lymph nodes have not yet adhered to one another or the surrounding tissue.

Stage III

Stage III has three substages

- Stage IIIA: Tumor(s) either measure larger than 5 cm (2 inches) in diameter and/or have spread to lymph nodes that adhere to one another or surrounding tissue.
- Stage IIIB: Breast cancers of any size that have spread to the skin, chest wall or internal mammary lymph nodes.
- Stage IIIC: Breast cancer that has spread to 10 or more lymph nodes.

Stage IV

The cancer, regardless of size, has metastasized.

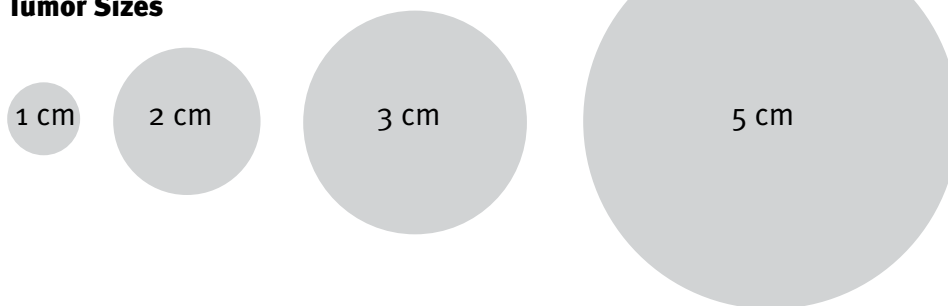
Tumor Sizes

1 cm

2 cm

3 cm

5 cm



Glossary

Adjuvant Therapy – Treatment that is added to increase the effectiveness of a primary therapy. It usually refers to hormonal therapy, chemotherapy or radiation added after surgery to increase the chances of curing the disease or keeping it in check.

Anti-estrogen – A substance (for example, the drug tamoxifen) that blocks the effects of estrogen on tumors. Anti-estrogens are used to treat breast cancers that depend on estrogen for growth.

Aromatase Inhibitors – Drugs that stop estrogen production in post-menopausal women, used in treatment of both early and advanced breast cancer.

Axillary Dissection – A surgical procedure in which the lymph nodes in the armpit (axillary nodes) are removed and examined to find out if breast cancer has spread to those nodes and to remove any cancerous lymph nodes.

Biopsy – A tissue sample, examined under the microscope.

Breast Conservation Therapy – Surgery to remove a breast cancer and a small amount of benign tissue around the cancer, without removing any other part of the breast. This procedure is also called lumpectomy, segmental excision, or limited breast surgery. The method may require an axillary dissection and usually requires radiation therapy in addition to the breast conservation surgery.

Breast Implant – A method of breast reconstruction after mastectomy that uses tissue expansion of the mastectomy site over a period of time and then final surgery to place saline- or silicone-filled pouches to create a breast mound.

Breast Prosthesis – For women who do not have reconstructive surgery, this breast form is used to simulate the weight and appearance of a breast. The foam is placed either on the skin at the mastectomy site or is part of a special bra. A temporary prosthesis is used for a period of time after surgery until the skin heals, then a permanent prosthesis can be fitted and used.

Breast Reconstruction – Surgery that rebuilds the breast contour after mastectomy. A breast implant or the woman's own tissue provides the contour. If desired, the nipple and areola may also be re-created. Reconstruction can be done at the time of mastectomy or any time later.

Carcinoma In Situ – An early stage of cancer, in which the tumor is still only in the structures of the organ where it first developed, and the disease has not invaded other parts of the organ or spread (metastasized). Most in situ carcinomas are highly curable.

Chemotherapy – Treatment with drugs to destroy cancer cells. Chemotherapy is used in addition to surgery and radiation in some cases and the decision is based upon pathology, size of tumor, and lymph node involvement.

Cyst – A fluid-filled mass that is usually benign. The fluid can be removed for analysis.

Duct – A hollow passage for gland secretions. In the breast, a passage through which

milk passes from the lobule (which makes the milk) to the nipple.

Ductal Carcinoma In Situ – The most common type of non-invasive breast cancer. These cancer cells began in the milk ducts but have not spread beyond the ducts.

Estrogen – A female sex hormone produced primarily by the ovaries, and in smaller amounts by the adrenal cortex. In women, levels of estrogen fluctuate on nature's carefully orchestrated schedule, regulating the development of secondary sex characteristics, including breasts; regulating the monthly cycle of menstruation; and preparing the body for fertilization and reproduction. In breast cancer, estrogen may promote the growth of cancer cells.

Fibroadenoma – A type of benign breast tumor composed of fibrous tissue and glandular tissue. On clinical examination or breast self-examination, it usually feels like a firm, round, smooth lump. These usually occur in young women.

Fibrocystic Changes – A term that describes certain benign changes in the breast; also called fibrocystic disease. Symptoms of this condition are breast swelling or pain. Signs that a health care professional can observe on clinical examination are the presence of nodularity (nodules), lumpiness, and sometimes nipple discharge. Because these signs sometimes mimic breast cancer, diagnostic mammography or microscopic examination of breast tissue may be needed to show that there is no cancer.

Fibrosis – Formation of fibrous (scar-like) tissue. This can occur anywhere in the body.

HER-2/NEU – A gene that produces a type of receptor that helps cells grow. Breast cancer cells with too many Her-2/neu receptors tend to be exceptionally fast-growing.

Hormone – A chemical substance released into the body by the endocrine glands, such as the thyroid, adrenal, or ovaries. The substance travels through the bloodstream and sets in motion various body functions. For example, prolactin, which is produced in the pituitary gland, begins and sustains the production of milk in the breast after childbirth.

Hormone Receptor Assay – A test to see whether a breast tumor is likely to be affected by hormones or if it can be treated with hormones.

Hormone Therapy – Treatment with hormones, drugs that interfere with hormone production or hormone action, or surgical removal of hormone-producing glands to kill cancer cells or slow their growth. The most common hormonal therapy for breast cancer is the drug tamoxifen. Other hormonal therapies include megestrol, aminoglutethimide, androgens and surgical removal of the ovaries (oophorectomy).

Intraductal Papillomas – Small, finger-like, polyp-like, noncancerous growths in the breast ducts that may cause a bloody nipple discharge. These are most often found in women 45 to 50 years of age. When many papillomas exist, breast cancer risk is usually increased.

Latissimus Dorsi Flap Procedure – A method of breast reconstruction that uses the long flat muscle of the back, by rotating it to the chest area.

Lobular Carcinoma In Situ – Also called lobular neoplasia. Abnormal cells that began in

2. Understanding Breast Disease

the milk ducts but have not spread beyond the lobules.

Lumpectomy – Surgery to remove the breast tumor and a small amount of surrounding normal tissue.

Lymph Nodes – Small bean-shaped collections of immune system tissue such as lymphocytes, located along lymphatic vessels. They remove waste and fluids from lymph and help fight infections. Also called lymph glands.

Lymphedema – A possible complication after breast cancer treatment. Swelling in the arm caused by excess fluid that collects after lymph nodes and vessels are removed by surgery or treated by radiation. This condition is usually persistent although not painful.

Mastectomy – Removal of the entire breast. In a simple or total mastectomy, surgeons do not cut away any lymph nodes or muscle tissue; in a modified radical mastectomy, surgeons remove the breast and some armpit lymph nodes; in a radical mastectomy (now rarely performed) surgeons remove the breast, armpit lymph nodes, and chest wall muscles under the breast.

Menopause – The time in a woman's life when monthly cycles of menstruation cease forever and the level of hormones produced by the ovaries decreases. Menopause usually occurs in the late 40s or early 50s, but it can also be caused by surgical removal of both ovaries (oophorectomy), or by some chemotherapies that destroy ovarian function.

Metastasis – The spread of cancer cells to distant areas of the body by way of the lymph system or bloodstream.

Neoadjuvant Therapy – Systemic therapy, such as chemotherapy or hormone therapy, given before surgery. Adjuvant therapy can shrink some breast cancers, so that surgical removal can be accomplished with a less extensive operation that would otherwise be needed.

Nodal Status – Indicates whether a breast cancer has spread (node-positive) or has not spread (node-negative) to lymph nodes in the armpit (axillary nodes). The number and site of positive axillary nodes can help predict the risk of cancer recurrence.

Oophorectomy – Surgery to remove the ovaries.

Ovary – Reproductive organ in the female pelvis. Normally a woman has two ovaries. They contain the egg (ova) that, when joined with sperm, result in pregnancy. Ovaries are also the primary source of estrogen.

Palpation – Using the hands to examine. A palpable mass in the breast is one that can be felt.

Progesterone – A female sex hormone released by the ovaries during every menstrual cycle to prepare the uterus for pregnancy and the breasts for milk production (lactation).

Prognosis – A prediction of the course of disease; the outlook for the cure of the patient. For example, women with breast cancer that was detected early and received prompt treatment have a good prognosis.

Sentinel Node Biopsy – In a sentinel lymph node biopsy, the surgeon injects a radioac-

tive substance and/or blue dye into the area around the tumor. Lymphatic vessels carry these materials to the sentinel lymph node (also called the sentinel node). The doctor can see the blue dye or detect the radioactivity (with a Geiger counter-type device) in the sentinel node(s), which is cut out and examined. If the sentinel node(s) contains cancer, more axillary lymph nodes are removed. But, if it is free of cancer, the patient can avoid additional axillary surgery and its potential side effects.

Surgical Margin – For breast surgery, this is a surrounding area of normal, healthy breast tissue that is removed with the area of cancer. The pathologist looks at this area microscopically to make sure it is free of cancer cells. Cancer cells detected in the margin may mean additional surgery is needed to eliminate this evidence of disease.

Stages – Indicate how far a breast cancer has spread.

Stereotactic Needle Biopsy – A method of needle biopsy that is useful in some cases in which calcifications or a mass can be seen on mammogram but cannot be located by touch. Computerized equipment maps the location of the mass and this is used as a guide for the placement of the needle.

Supportive Care – Measures taken to relieve symptoms and improve quality of life, but not expected to destroy the cancer. Pain medication is an example of supportive care.

Systemic Therapy – Treatment that reaches and affects cells throughout the body; for example, chemotherapy.

Tamoxifen (Brand Name: Nolvadex) – This drug blocks the effects of estrogen on many organs, such as the breast. Blocking estrogen is desirable in some breast cancers because estrogen promotes their growth. Recent research suggests that tamoxifen may lower the risk of developing breast cancer in women with certain risk factors.

Transverse Rectus Abdominus Muscle Flap Procedure – A method of breast reconstruction in which tissue from the lower abdominal wall which receives its blood supply from the rectus abdominus muscle is used. The tissue from this area is moved up to the chest to create a breast mound and usually does not require an implant. Moving muscle and tissue from the lower abdomen to the chest results in flattening of the lower abdomen (a “tummy tuck”). Also called a TRAM flap or rectus abdominus flap procedure.

Ultrasound – High frequency sound waves used to produce images of the breast.

3. Treatment Options

Surgery

Lumpectomy

Nearly all women with breast cancer will have some type of surgery. Lumpectomy, or partial mastectomy, removes only the breast lump and the surrounding area, or margin, of normal tissue. If cancer cells are present at the margin (the edge of the excisional biopsy or lumpectomy specimen), a re-excision can be done to remove the remaining cancer. In some patients, a mastectomy or removal of the breast is indicated after attempting lumpectomy, because the tumor was found to be larger than expected. In almost all cases, 6 to 7 weeks of radiation therapy follows lumpectomy. Doctors call this combination (of lumpectomy and radiation) **breast conserving therapy**. It's an option for most, but not all, women with breast cancer. Those who probably should not undergo lumpectomy, or breast conserving therapy are:

- Women who have already had radiation therapy to the affected breast or chest.
- Women with two or more areas of cancer, in the same breast, too far apart to be removed in one incision.
- Women whose initial lumpectomy – or, when needed, their re-excision – has not completely removed their cancers.
- Women with certain connective tissue diseases that make body tissues especially sensitive to the side effects of radiation.
- Pregnant women who would require radiation while still pregnant.

Some possible side effects of lumpectomy include: wound infection, hematoma (accumulation of blood in the wound), and seroma (accumulation of clear fluid in the wound).

Mastectomy

In a simple (total) mastectomy procedure surgeons remove the entire breast but do not cut away any lymph nodes from under the arm, or muscle tissue from beneath the breast. In a modified radical mastectomy, surgeons remove the entire breast and some axillary (underarm) lymph nodes.

Radical mastectomy removes not only the entire breast and axillary lymph nodes, but also the chest wall muscles under the breast. Doctors now rarely perform radical mastectomies because the modified radical mastectomy procedure has proven just as effective.

Possible side effects of mastectomy are the same as for lumpectomy: wound infection, hematoma and seroma.

CHOOSING BETWEEN LUMPECTOMY AND MASTECTOMY

The advantage of lumpectomy is that it preserves the appearance of the breast. The disadvantage is that most women need several weeks of radiation therapy. Women who choose lumpectomy and radiation can expect the same survival rates as those who choose mastectomy.

Although most women and their doctors prefer lumpectomy and radiation therapy, what you choose will depend on a number of factors, such as:

- How do you feel about losing your breast?
- How far would you have to travel for radiation therapy?

3. Treatment Options

- If you wish to have breast reconstruction, would you be willing to undergo more surgery after having a mastectomy?
- How much do you worry about the possibility of local recurrence after lumpectomy?
- Do you prefer mastectomy, thinking of it as a way to “get rid of as much cancer as quickly as possible?” (Actually, mastectomy offers no such guarantees.)

Breast Cancer Profiler Tool

The Breast Cancer Profiler treatment decision support tool helps you understand how your diagnosis, test results, and medical history affect your treatment options. Your free Treatment Options Report will include descriptions of treatments, side effects, and questions to ask your doctor...customized for your unique diagnosis.

Access the tool at:

www.cancer.nexcura.com/Secure/InterfaceSecure.asp?CB=266

Reconstructive Breast Surgery

These procedures won't treat cancer, but they restore the breast's appearance after mastectomy. Breast reconstruction can be done at the same time as mastectomy (immediate reconstruction) or at a later time (delayed reconstruction). Surgeons may use implants, or tissue from other parts of the body; they call the later autologous tissue reconstruction.

How does a woman (along with the advice from her doctor) decide on the type of reconstruction and when to undergo the procedure? The answer to that depends on the woman's personal preferences and details of her medical situation, such as how much skin is removed and whether she needs chemotherapy. A consultation with a plastic surgeon to discuss reconstruction options can help with this decision.

BREAST FORMS

Your doctor will tell you when you are ready to be fitted for a permanent breast form or prosthesis (pros-thee-sis). Most of these forms are made from materials that approximate natural tissue – its movement, feel and weight. A properly weighted form provides the balance your body needs for correct posture and anchors your bra, preventing it from riding up. At first, these forms may feel too heavy, but they will feel natural in time. Prices vary considerably. High price does not necessarily mean that the product is the best one for you. Take time to shop for good fit, comfort and an attractive, natural appearance in the bra and under clothing. Your clothes should fit the way they did before surgery.

THE RIGHT BRA

The right bra for you may very well be the one you have always worn. It may or may not need adjustments. If there is tenderness during healing, a bra extender can help by increasing the circumference of the bra so that it does not bind the chest too tightly. Heavy breasted women can relieve pressure on shoulder straps by slipping a bra shoulder pad under one or both straps.

If you decide to wear your breast form in a pocket in your bra, you can have your regular bra adapted. There also are special mastectomy bras with the pockets already sewn inside.

If the form causes any kind of skin irritation, use a bra with a pocket. If your bra has underwiring, you may be able to wear it but be sure to clear this with your physician.

Some women want to wear their prosthesis under nightgowns but would like something more comfortable than a regular bra. Most department stores carry a soft bra, sometimes called a leisure or night bra.

Lymph Node Surgery

Whether a woman has had a radical or modified radical mastectomy, or a lumpectomy, her physicians need to know whether the cancer has spread to the lymph nodes, a jumping-off point where cancer cells enter the bloodstream and spread throughout the body.

Doctors once believed that removing as many lymph nodes as possible would reduce the risk of distant metastasis and improve the chances of a cure. It was then found that removing not all, but a good portion was as effective as removing all the lymph nodes. This is called an **axillary node dissection** and removes two levels of lymph nodes and anatomically leaves a third level in place.

A second option has become available called sentinel node biopsy. The advantages of sentinel node biopsy are that it requires less surgery (removing usually one or two lymph nodes only) and provides a more accurate method of detecting the spread of cancer. At our Breast Center, the procedure is considered standard care for those patients who remain candidates for the procedure. Collectively, our surgeons have performed thousands of sentinel node biopsies. As 60 percent of all breast cancer patients have no spread of cancer to their lymph nodes, this is clearly a tremendous advance.

In a **sentinel node biopsy** the physician injects a radioactive substance and/or blue dye into the area around the tumor. Lymphatic vessels carry these materials into the sentinel node. The doctor can either see the blue dye or detect the radioactivity with a Geiger counter-type device. He or she then cuts out the node for examination later by a pathologist. If the sentinel node contains cancer, the surgeon will have to perform an **axillary dissection** – removal of more lymph nodes in the axilla (armpit).

Whenever a patient has axillary lymph node surgery she may experience temporary or permanent numbness in her skin on the inside of her upper arm; the procedure can also limit arm and shoulder movements. Without normal lymph drainage, fluids can accumulate and lead to arm and hand swelling known as **lymphedema**. No one can predict which patients will develop this condition or when. Lymphedema can arise immediately after surgery, or even months or years later, but is not a complication associated with sentinel node biopsy.

With care, patients can take precautions to help avoid lymphedema, or at least keep it under control. Talk to your doctor for more details.

Among the precautions to take to help avoid lymphedema (note: if only sentinel node biopsy is performed, no precautions are needed):

- Avoid having blood drawn from the arm on the side of the lymph node surgery.
- Avoid having blood pressure cuff to be placed on that arm. If hospitalized, notify all health care workers of your condition.
- Do not wear tight clothing or jewelry on the affected limb.
- Don't ignore a feeling of tightness or swelling around the arm or hand. Report it immediately to your doctor.
- Wear long sleeves and gloves when gardening or engaging in other activities likely to lead to cuts.

Adjuvant Therapies

Therapy given to patients after surgery is called adjuvant therapy. The goal of adjuvant therapy is to kill hidden cells. Even in the early stages of the disease, cancer cells can break away from the primary breast tumor and spread through the bloodstream. These cells cause no detectable symptoms; they don't show up on an x-ray and can't be felt during a physical examination. But they can establish new tumors in other organs or the bones. Radiation and systemic therapy are two forms of adjuvant therapy.

Sometimes oncologists give patients neoadjuvant therapy – otherwise known as systemic therapy – before surgery. In women diagnosed with metastatic breast cancer, systemic therapy rather than surgery serves as the main treatment.

Radiation Therapy

Radiation can shrink a tumor before surgery, or destroy cancer cells left behind in the breast, chest wall, or armpit after surgery. Because it is applied only in the breast area, radiation therapy is considered a local treatment. Radiation oncologists are the doctors that prescribe this therapy.

There are two types of radiation therapy. External radiation, the most common, uses a machine outside the body to send radiation to the cancer cells. Internal radiation therapy uses a radioactive substance sealed in needles, seeds, wires or catheters that are placed directly into or near the cancer site. The form of radiation used depends on the type and the stage of the cancer.

Side effects most likely to occur include swelling and heaviness in the breast, sunburn-like skin changes in the treated area, and fatigue. Changes to the breast tissue and skin usually go away in 6 to 12 months. In some women, the breast becomes smaller and firmer after radiation therapy. Radiation therapy of axillary (armpit area) lymph nodes can also cause lymphedema.

Systemic Therapy

To reach cancer cells that may have spread beyond the breast and nearby tissues, physicians employ systemic therapy, given orally or by injection. Examples of systemic treatments include **chemotherapy** and **hormonal therapy**. Medical oncologists are the doctors who prescribe these therapies.

Targeted therapy is a type of treatment that uses drugs or other substances to identify and attack specific cancer cells without harming normal cells. Monoclonal antibodies and tyrosine kinase inhibitors are two types of targeted therapies.

Trastuzumab (Herceptin) is a monoclonal antibody that blocks the effects of the growth factor HER2. About one-fourth of patients with breast cancer have tumors that may respond to treatment with trastuzumab combined with chemotherapy. Lapatinib is a tyrosine kinase inhibitor that blocks the effect of the HER2 protein and other proteins in cancer cells. It may be used to treat patients with HER2-positive breast cancer that has progressed following treatment with trastuzumab.

Chemotherapy

Patients take chemotherapy, a treatment of anti-cancer drugs intravenously (injected into a vein) or orally. Either way, the drugs travel in the bloodstream and move throughout the entire body. Doctors who prescribe these drugs (medical oncologists) generally use a combination of medicines, proven more effective than a single drug.

Doctors give chemotherapy in cycles, with each period of treatment followed by a recovery period. The total course of chemotherapy lasts three to six months depending on the regimens used. The side effects of chemotherapy depend on the type of drugs used, the amount taken, and the length of treatment.

Temporary side effects of these drugs might include loss of appetite, nausea and vomiting, mouth sores, hair loss, and changes in the menstrual cycle. Because chemotherapy can damage the blood-producing cells of the bone marrow, a drop in white blood cells can raise a patient's risk of infection; a shortage of blood platelets can cause bleeding or bruising after minor cuts or injuries; and a decline in red blood cells can lead to fatigue.

But patients can fend off these side effects. For example, several drugs can prevent or reduce nausea and vomiting. A new group of drugs called growth factors can help bone marrow recover after chemotherapy and can treat problems resulting from low blood counts. Talk with your doctor about the treatment that is right for you.

You should also ask your doctor about NCCN's specific guidelines for treating many of the complications associated with chemotherapy such as emesis (severe nausea and vomiting) and neutropenia (low white blood cell counts.)

Patients can experience permanent complications from anti-cancer drugs and/or premature menopause and infertility. The older a woman is when she receives chemotherapy, the more likely she will stop menstruating or lose her ability to become pregnant. Doxorubicin may cause heart damage, but doctors limit the dose and perform periodic tests to check heart function in order to prevent this side effect.

Hormone Therapy

ANTIESTROGEN

Estrogen, a hormone produced by the ovaries, promotes growth of some breast cancers. Doctors use several approaches to block the effect of estrogen or lower estrogen levels. The most commonly used antiestrogen drug is tamoxifen, taken daily in pill form, usually for 5 years. Studies show that tamoxifen can reduce the chances of cancer coming back after surgery. (The drug can help women with early breast cancer regardless of their age.) In addition, patients may use the drug to treat metastatic breast cancer.

Side effects of tamoxifen may include hot flashes, mood swings, and cataracts. A more common side effect of tamoxifen is deep vein thrombosis – a condition in which blood clots form in the deep blood vessels of the legs and groin. Some studies have shown a slight increase of early-stage endometrial cancer (lining of the uterus) among women taking tamoxifen. If you take tamoxifen and experience any unusual vaginal bleeding – a possible symptom of endometrial cancer – report it to your doctor immediately. For most people, though, the benefits of taking tamoxifen far outweigh the risks.

3. Treatment Options

Toremifine is another antiestrogen drug. It works like tamoxifen and has similar side effects.

For women with metastatic breast cancer who need hormonal therapy, but whose cancers do not respond to tamoxifen, doctors employ other second-line drugs to treat advanced disease.

Before antiestrogen drugs were available, doctors commonly treated breast cancer by removing the ovaries with a surgical procedure called oophorectomy. The operation eliminates the woman's primary estrogen source. Today surgeons still sometimes perform **oophorectomy** in patients who have not yet reached menopause. Drugs or radiation may be used instead of surgery.

AROMATASE INHIBITORS

Aromatase Inhibitors (AIs) are drugs that stop estrogen production in post-menopausal women. They work by blocking an enzyme (aromatase) responsible for making small amounts of estrogen in post-menopausal women. The three drugs letrozole (Femara), anastrozole (Arimidex) and exemestane (Aromasin) are approved to treat both early and advanced breast cancer. Side effects of the AIs include muscle pain and joint stiffness and/or pain. AIs can also cause bone thinning, sometimes leading to osteoporosis and fractures. Many women treated with AIs are also treated with medicine to strengthen their bones, such as biphosphonates.

Clinical Trials

Information about participating in clinical trials

Clinical trials are research studies conducted with people who volunteer to participate. These people are referred to as study participants, volunteers, or subjects. Each study is designed to learn better ways to prevent, diagnose or treat a disease.

When studying new or experimental treatments, researchers might want to know:

- Does the new treatment work as well as or better than other available treatments?
- What side effects does the new treatment cause?
- Do the benefits of the new treatment outweigh the risks?
- Which patients will the new treatment likely help?

There are different types of clinical trials depending on what we are trying to learn:

- Prevention trials – studying ways to reduce risks of developing a disease.
- Screening trials – studying ways to detect disease before symptoms occur.
- Diagnostic trials – studying ways to identify the location and amount of disease.
- Treatment trials – studying ways to improve therapy.
- Quality of life trials – studying the impact of disease on everyday life.
- Genetic trials – studying how genes affect diagnosis and treatment.

During your diagnosis or treatment for breast cancer, your doctors may suggest that you take part in a clinical trial. You will receive an explanation of the trial from your doctor and other professionals working on the trial. Please review all the information that is provided to you about a trial, ask questions so that you fully understand the information, consider the risks and benefits, then make a decision that is best for you. If you decide to participate, you will be asked to sign a research study consent form.

In some clinical trials, participants have access to new treatments that may not be available outside of a clinical trial. Not everyone benefits from participating in a clinical trial; in-fact, participating in a clinical trial may or may not help you directly. However, it may help to learn more about future prevention, diagnosis and treatment of breast cancer. Many people choose to participate in clinical trials because of the satisfaction they experience from being a part of breast cancer research.

Taking part in any clinical trial is completely voluntary. If you decide to participate in a trial, then later change your mind, you can withdraw from the trial.

Any questions or concerns about participating in research can be directed to the Research Integrity Officer by calling 443-481-1320.

4. Questions to Ask Your Doctors About Breast Cancer

The following pages contain lists of questions that will help you ask your doctor about breast cancer. Each sheet covers a different topic: you and your family's reaction to breast cancer, breast cancer surgery and after-surgery considerations, breast reconstruction, radiation therapy, chemotherapy, hormone therapy, and clinical trials.

A list of questions can help

Many people feel intimidated in the doctor's office. They may not be sure what questions to ask, or forget their questions when they are ready to ask them. These question sheets will remind you of important questions to ask, so that you won't have to rely on your memory. Feel free to add or delete questions depending on your own situation.

The question sheets provide room to take notes. Take them with you and bring a pen. Writing down the answers to your questions means you can reread and think about them later when you are at home.

Ask a family member or friend to go with you to the doctor, to take notes, ask more questions, and help you recall what was said.

Sometimes it helps to take a tape recorder so you can record your doctor's recommendations and listen to them later a few times.

"Questions To Ask Your Doctor" was produced by the National Cancer Institute with assistance from the Komen Foundation, Dallas, TX For more information, call the National Cancer Institute's Cancer Information Service (CIS) at 1-800-4-CANCER. CIS information specialists provide callers with information and free publications on all aspects of cancer and local cancer-related services. Spanish-speaking CIS staff are also available.

Questions to Ask about Your and Your Family's Reaction to Breast Cancer

Personal

- How do patients usually react to the diagnosis of breast cancer?
- If am having a difficult time coping with my disease and/or in making treatment decisions, where can I seek help? Are these reactions treatable in patients with breast cancer? Are depression or mood changes a normal part of the disease process or is it a separate medical problem? What percentage of breast cancer patients become depressed or anxious? What support groups, educational services, or counseling are available to me? Is there a cost?
- If I am depressed or worried during my illness, will that cause my cancer to grow or spread? Will joining a support group help me to live longer, to improve my quality of life, or to lower the risk of getting breast cancer again?
- I don't like groups: Will talking one-on-one to another woman who has had breast cancer help me go through my treatment? How can I get in touch with someone?
- How will breast cancer and its treatment affect my appearance? How can I get information about reconstructive surgery, prostheses, wigs, etc?
- How will cancer affect me sexually? Will the effects be temporary or long term? Is there help available for cancer-specific problems such as sexual functions and infertility?

Family

- How will my cancer affect my family? How do I tell my children about it in a way that is appropriate for their age(s)? Are there professionals who counsel children of breast cancer patients? How will this affect my husband? What can I do to improve communication within my family about information related to my breast cancer?
- How do family members usually react when their wives or mothers are diagnosed with breast cancer? Are there programs, support groups, or counselors to help family members if they need it? Is there a cost?
- Now that I have been diagnosed with breast cancer, what is the risk that my daughters will also get breast cancer? Is professional counseling available for them? What should I tell them about ways to lower their risk or about genetic counseling?

Lifestyle

- Now that I have been diagnosed with breast cancer, does it pay to change my diet or smoking habits?
- Are there programs that can help me stay healthy, such as education about good nutrition, smoking cessation, physical fitness, etc?
- What foods and exercise do you recommend?
- In your experience treating patients with breast cancer, what do you think are the most important things to do to maintain a positive attitude and good health?

Social interactions

- How will breast cancer and its treatment affect me socially? How should I discuss it with my friends? How much should I tell them?
- What, if anything, should I tell my boss and co-workers about my breast cancer?

Ask your Surgeon

Answers to these questions will help you understand your diagnosis and surgery

- What did my biopsy or needle aspiration show?
- What kind of breast cancer do I have? Is it invasive? What is my tumor's grade (how abnormal the cells appear) and histology (type and arrangement of tumor cells) as seen under a microscope?
- What were the results of my estrogen and progesterone tests? What were the results of the other tests (flow cytometry and other markers of tumor aggressiveness)?
- What tests will I have before surgery to see if the cancer has spread to any other organs (liver, lungs, bones)?
- What are my treatment choices? Which do you recommend for me? Why?
- What is your opinion about breast conserving surgery (lumpectomy) followed by radiation therapy? Am I a candidate for this type of treatment?
- If I have breast conserving surgery and post-operatively my tumor is larger than originally believed to be, or the margins are not clear, what are my options?
- What are the potential risks and benefits of each kind of treatment? What are the possible side effects of each treatment?
- Am I a candidate for sentinel node biopsy alone?
- If my sentinel node is negative for metastatic disease, what are the chances I still may have cancer spread in my lymph nodes?

- If my sentinel node is positive, will I then need a lymph node dissection? Can my sentinel node be evaluated immediately by pathologists in the operating room? Are there pros and cons to this?
- (Ask this question if tests were not done during the biopsy.) Will estrogen and progesterone receptor tests be done on the tissue removed during surgery? What will these tests tell you? Will other special tests (flow cytometry and other markers of tumor aggressiveness) be done on the tissue?
- If I choose not to have reconstruction, how good are currently available breast prostheses? Where can I get these? Will they be covered by insurance?
- Could you recommend a breast cancer specialist for a second opinion?
- What kinds of support services will I need (or are available)?

Answers to these questions will help you prepare for your surgery

- How long will the surgery last?
- How long will I be in the recovery room? When can I see my family?
- How many nights should I expect to be in the hospital? If my surgery is done on an outpatient basis, where do I spend the first night?
- Where will the surgical scar(s) be?
- How should I expect to feel after the operation?
- What kind of assistance will I need when I go home? Do I need to have a health professional visit my home? Who will instruct me and my family and how do I arrange for the help I will need?
- How will pain be managed? How long will I need pain medication?
- Will I have any type of drain following surgery? When I leave the hospital?
- What will I need to do with drains, dressings, etc. when I leave the hospital?

Answers to these questions will help you play an active role in your recovery

- Are there special exercises I should be doing? What type do you recommend? How long should I continue them?
- Are there any precautions I should take? (For example, if lymph nodes were removed, should I avoid getting shots in that arm or shaving under that arm?)
- When will I be able to get back to my normal routine?
- What can I do to ensure a safe recovery?
- What problems, specifically, should I report to you?

Answers to these questions will help you understand your stage and further treatment

- What is the size of my tumor?
- Do I have any lymph nodes with cancer? If so, how many?
- What is the stage of the disease?
- Will I need additional treatment with radiation therapy, chemotherapy, and/or hormonal therapy following my surgery? If so, can you refer me to the appropriate specialists?

Ask your Plastic Surgeon

Answers to these questions will help you understand reconstructive surgery

- What are the types of reconstructive surgery?
- What type is best for me and why?
- What chance is there of rejection and/or infection of any implant?
- Are there any other risks or side effects to consider?
- What can be done if the operation is unsuccessful?
- When is the best time for me to have reconstruction? At the same time as the mastectomy? Some time after surgery? After chemotherapy?
- If do not choose reconstruction, what prostheses, or breast forms, are available?
- How long do I have to make a treatment decision?

Answers to these questions will help you prepare for your reconstructive surgery and follow-up

- How many operations are needed? How long a hospital stay is necessary for each? How much time is needed for recovery after each? Are there any medications to avoid before surgery?
- Is there much pain after surgery? For how long?
- Are special bras needed after surgery? Where do I purchase them?
- How can I expect the reconstruction to look and feel? How will the reconstructed breast compare in appearance with my healthy breast? Will anything need to be done to the healthy breast?
- Will I be able to detect a possible recurrence after reconstructive surgery?
- Will my health insurance cover this type of surgery?

Ask your Radiation Oncologist

Answers to these questions will help you understand the reason for radiation therapy

- Why do I need this treatment?
- Do you think the size, location and type of breast cancer I have will respond to radiation therapy?
- What are the risks of this treatment?

Answers to these questions will help you prepare for the treatment

- If I have reconstructive surgery, how will radiation affect the surgery?
- Will the costs of the treatment be covered by my health insurance?
- What kind of assessment will be done prior to the beginning of therapy?
- What are the treatments like? What will happen during each treatment?
- How many treatments will I have? How long will each treatment last?
- Who will be responsible for my radiation treatments? Who will administer them?
- Where will these treatments be done?
- Can I come alone or should a friend or relative accompany me?

Answers to these questions will help you prepare for the treatment's effects on your lifestyle:

- What side effects should I expect and how long might they last?
- What are the precautions or prohibitions during treatment? After treatment (skin creams, lotion, underarm shaving, etc.)?
- What can I do to take care of myself during therapy?
- Can I continue my normal activities during treatment? After treatment?
- What is important to know about nutrition during treatment?
- How often are checkups and tests required after treatment is completed?
- Will other therapies be needed?
- How will my breast look afterward?

Ask your Breast Cancer Medical Oncologist**Answers to these questions will help you understand the reason for chemotherapy**

- Why do I need this treatment?
- What is the significance of lymph node involvement?
- If my lymph nodes are not involved, should chemotherapy or hormone therapy still be considered?
- How long do I have to make a treatment decision?

Answers to these questions will help you understand the drugs involved and their effects

- What drugs will I be taking?
- Why have you chosen these particular drugs for me?
- What are the drugs supposed to do?
- What are the short and long-term risks involved?
- What are the possible side effects of this type of chemotherapy? What can I do about them? Are they permanent? Can they affect my mood and concentration?
- Which side effects should I report to the doctor immediately?

Answers to these questions will help you prepare for treatment and follow-up

- How soon should chemotherapy be started?
- How and where will the chemotherapy be given?
- How long will each treatment take? How long will the whole series last?
- Can I continue to work, exercise, etc. during these treatments?
- Will I need to be admitted to the hospital during the course of my chemotherapy?
- Can I come alone for treatments or should a friend or relative accompany me?
- Are there other special precautions I should take while on chemotherapy or afterward?
- Will treatments be covered by my health insurance? If so, will the entire treatment be covered or only part of it?
- If I lose my hair, will the cost of a wig be covered by health insurance?
- When treatments are completed, how often will I need to be seen by the medical oncologist?

Answers to these questions will help you understand the hormone treatment

- Which hormones are you recommending for me and why?
- What are the hormones supposed to do?
- What are the short and long-term side effects of this hormone treatment? Can the hormones affect my mood and concentration?

Answers to these questions will help you prepare for the hormone treatment itself

- How soon should the hormone therapy be started? How long will I be taking the hormones?
- In what form and how often will the treatment be given?
- Will I be given the hormone therapy along with other forms of treatment?
- Are the costs of the hormone treatment covered by my health insurance?
- What is my follow-up care during hormonal treatment and once treatment is completed?

Answers to these questions will help you understand the clinical trials offered to you

- What is the purpose of the study?
- What does the study involve? What kinds of tests and treatments? (Find out what is done and how it is done.)
- What is likely to happen in my case with or without this new research treatment? (What may the cancer do and what may the treatment do?)
- What are other choices and their advantages and disadvantages? (Are there standard treatments for my case and how does the study compare with them?)
- How could the study affect my daily life?
- What side effects could I expect from the study? (There can also be side effects from standard treatments and from the disease itself.)
- How long will the study last? (Will it require extra time on my part?)
- Will I have to be hospitalized? If so, how often and for how long?
- Will I have any costs? Will any of the treatment be free?
- What type of long-term follow-up care is part of the study?

5. Breast Surgery Care

Drain Care: Questions and Answers

The drain removes excess fluid from the tissues which will minimize swelling and diminish pain. Penrose drains (soft, non-suction drains) are usually removed the day after surgery. These questions pertain to Jackson-Pratt or other suction type drains that stay in longer.

How long will the drain be in?

It depends on the amount of drainage. Usually the drain stays in 7-14 days.

When should I empty the drain?

Two to three times a day or as it becomes full. You may choose to empty the drain in the following manner: early morning, upon awakening; mid-afternoon; and before retiring for the evening.

How do I empty the drain?

Step 1: Release the suction

Step 2: Empty contents and measure the amount

Step 3: Reapply the suction

What is normal?

The color should progress from dark red to pink tinged. The amount will also lessen.

When should I become concerned about the drainage?

- If the drain becomes full and requires emptying more than three times a day
- If the drainage looks cloudy or contains white pus
- If there is a foul odor

If these symptoms occur notify your physician for further instruction.

What if the drain falls out?

Place a small gauze pad over the area and discard the drain. Notify your physician. Don't panic, this occasionally happens!

To lessen the tension on your drain, you may wish to pin it to your clothing.

Who will remove the drain?

Your physician may remove the drain on your return visit to his/her office. A nurse may remove the drain in your home. This depends on your physician's preference.

Can I shower with my drain?

This is up to your physician and should be discussed.

Exercises

Early mobility is very important in regaining complete functional use of the arm and shoulder on the side of the surgery. Following are some guidelines to assist you in restoring your range of motion and strength after breast cancer surgery.

By three or four weeks after surgery, you should start gradually returning to your normal activities, as you are able. If you have any difficulty progressing to Level 2 or Level 3 exercises, ask your doctor for a referral to physical therapy.

Level I Exercises (Day 1 until 7-10 days post-op)

These are exercises to do until your drain is removed by the doctor. When resting, whether sitting or lying down, use a pillow to support your arm.

Exercise hand, wrist and elbow several times per day. Muscle contraction speeds the healing process by increasing blood flow to the tissues.

HAND

Open and close the hand, repeating 10 times. You may use a small ball for gentle resistance.

WRIST

- With elbow at side, hold hand in air. Bend wrist up to straight position. Move wrist backward as far as possible, then straighten wrist again. Now move wrist forward as far as possible. Repeat 10 times.
- With elbow at side and forearm resting on table in front of you, turn your hand palm up, then palm down. Be sure to keep your elbow at your side. Repeat 10 times.

SHOULDER

Lie down on a flat surface, either bed, sofa or floor. Clasp hands together. Keeping elbows straight, raise arms until hands are pointing at the ceiling. **DON'T GO ANY HIGHER UNTIL AFTER THE DRAINS ARE REMOVED !!!!** Hold 5 seconds, then return to starting position. Repeat 10 times.

Level II Exercises (Begin once drains are out)

WAND EXERCISES

Gently, move as far as you can with each exercise. Do each wand exercise slowly using a cane or straight stick. Keep your hands even with your shoulders when grasping the wand.

Standing Flexion – Stand upright, holding the wand in both hands. Stretch your arms over your head, keeping your elbows straight. Hold for 5 seconds, then return to starting position. Repeat 10 times.

Horizontal Abduction – Stand upright, holding the wand with both hands. Place your arms straight in front of your body. Keeping your elbows straight, swing the wand to one side, then the other. Hold for 5 seconds, in each direction. Repeat 10 times.

Standing Abduction – Stand upright, holding the wand with both hands. Keeping your affected elbow straight, use opposite arm to push affected side out to side and up toward shoulder. Hold for 5 seconds, then return to starting position. Repeat 10 times.

Standing Extension – Stand upright, holding the wand in both hands behind your back. Keeping your elbows straight, move the wand away from your back. Hold for 5 seconds, then return to starting position. Repeat 10 times.

Internal Rotation – Stand upright, holding the wand in both hands behind your back. Bend your elbows, moving the wand up and down your back. Hold for 5 seconds at the top, then return to starting position. Repeat 10 times.

WALL CLIMBING EXERCISES

Flexion – Stand, facing wall. Place affected hand against wall. Walk fingers up wall as high as you can while feeling a stretch. Don't lean back and don't raise up on tip-toes. Hold for 30 seconds. Repeat 5 times. As your motion gets better, move closer to the wall in order to get a better stretch.

Abduction – Stand with affected side to the wall. Place affected hand against wall. Walk fingers up wall as high as you can while feeling a stretch. Hold 30 seconds. Repeat 5 times. As your motion gets better, move closer to the wall in order to get a better stretch.

CORNER PUSH-UPS

Stand facing a corner. You need to be close enough that both forearms can be flat on opposing walls. One foot should be slightly in front of the other.

- Place elbows at shoulder height. Gently lean your chest in toward the corner, bending your front knee. Don't reach with your head, but let your chest go first. Hold 30 seconds. Repeat 5 times.
- Move arms up, so elbows are slightly higher than shoulders. Gently lean your chest toward the corner, bending your front knee. Don't reach with your head, but let your chest go first. Hold 30 seconds. Repeat 5 times.

POSTURE EXERCISES

Shoulder Shrugs – Stand upright, or sit in straight-back chair. Shrug shoulders up toward ears. Hold 5 seconds, then relax shoulder down as far as possible. Return to starting position. Repeat 10 times.

Shoulder Rolls – Stand upright or sit in straight-back chair. Roll shoulders backward 10 times, then forward 10 times.

Shoulder Blade Squeeze – Stand upright, with hands clasped behind back. Pinch your shoulder blades together. Hold 5 seconds, then relax. Repeat 10 times.

Chicken Wings – Stand upright with hands clasped behind head. (If you can't reach behind your head yet, place clasped hands on top of your head.) Pinch your shoulder blades together. Hold 5 seconds, then relax. Repeat 10 times.

Level III Exercises (Begin approximately 1-2 weeks post-op)

Stretching/Range of Motion Exercises

WALL CLIMBING

Flexion – Stand, facing wall or closed door. Place affected hand against wall. Walk fingers up wall as high as you can while feeling a stretch. Don't lean back, and don't raise up on tip-toes. Hold 30 seconds. Repeat 5 times. As your motion gets better, move closer to the wall in order to get a better stretch.

Abduction – Stand with affected side to the wall. Place affected hand against wall. Walk fingers up wall as high as you can while feeling a stretch. Hold 30 seconds. Repeat 5 times. As your motion gets better, move closer to the wall in order to get a better stretch.

CORNER PUSH-UPS

Stand facing a corner. You need to be close enough that both forearms can be flat on opposing walls. One foot should be slightly in front of the other.

- Place elbows at shoulder height. Gently lean your chest in toward the corner, bending your front knee. Don't reach with your head, but let your chest go first. Hold 30 seconds. Repeat 5 times.
- Move arms up, so elbows are slightly higher than shoulders. Gently lean your chest toward the corner, bending your front knee. Don't reach with your head, but let your chest go first. Hold 30 seconds. Repeat 5 times.

POSTURE EXERCISES

Shoulder Shrugs – Stand upright, or sit in straight-back chair. Shrug shoulders up toward ears. Hold 5 seconds, then relax shoulder down as far as possible. Return to starting position. Repeat 10 times.

Shoulder Rolls – Stand upright or sit in straight-back chair. Roll shoulders backward 10 times, then forward 10 times.

Shoulder Blade Squeeze – Stand upright, with hands clasped behind back. Pinch your shoulder blades together. Hold 5 seconds, then relax. Repeat 10 times.

Chicken Wings – Stand upright with hands clasped behind head. (If you can't reach behind your head yet, place clasped hands on top of your head.) Pinch your shoulder blades together. Hold 5 seconds, then relax. Repeat 10 times.

Active Range of Motion, for Strengthening

- Lie down on your back with your involved arm at your side. Turn the palm so the thumb is pointing up. Keeping your elbow straight, raise your arm toward the ceiling and then straight back toward the pillow. Slowly return to the starting position. Repeat 10 times for 1 set. (NOTE: You can progress yourself with this exercise by sitting in a straight-backed chair rather than lying down.)
- Lie down on your back with your involved arm at your side. Turn the palm so the thumb is pointing away from your body. Keeping your elbow straight, move your arm out toward the side, away from your body and keeping parallel to the floor. Try to go all the way to your ear. Slowly return to the starting position. Repeat 10 times for 1 set. (NOTE: You can progress yourself with this exercise by sitting in a straight-backed chair rather than lying down.)

- Lie down on your back with your involved arm straight out at shoulder level. Bend your elbow to 90 degrees, so it is pointing toward the ceiling. Rotate your arm down, moving your palm toward the floor. Reverse directions and rotate back, moving the back of your hand toward the floor. Repeat 10 times in each direction.
- Lie down on your back with your arm pointing toward the ceiling. Keeping your elbow straight, reach for the ceiling so your shoulder blade raises up off the floor. Slowly return to the starting position. Repeat 10 times for 1 set.

Care Following Full Axillary Node Surgery

What To Expect And What To Do

If you follow our guidelines for CARE and EXERCISE, you should limit your chance of infection or injury during your recovery period. It is normal for your shoulder and chest to feel sore after surgery. It is EXTREMELY important during the first 30 days after surgery that you take special care of your arm.

Sometimes with breast surgery the lymph nodes are removed. These lymph nodes act as filters for your body and help fight infection. They help with the removal of fluid from your arm. Without the lymph nodes, your arm may swell and be more sensitive to temperature changes. At this time your arm may have a higher chance of getting infected. Because medical opinions vary, please feel comfortable discussing any or all precautions with your physician.

It is not uncommon to develop Lymphedema following a surgery that includes removal of lymph nodes. Lymphedema is an accumulation of fluid in the body that causes chronic inflammation and hardening of the tissues. This edema, or swelling, can occur in the face, neck, arms, chest, legs or trunk. Your physician will recommend that you have an evaluation with a lymphedema specialist after your surgery.

Some signs and symptoms of infection are redness, warmth in the area, hardness or drainage. Another indication of infection is a streak progressing up the arm. If any of the previous symptoms occur, contact your physician immediately. If you should injure the arm or hand by cutting, burning or piercing the skin, wash the area thoroughly and check for indications of infection.

THINGS THAT YOU COULD EXPECT

- Arm movement may be difficult.
- For a while after surgery, you may not have the same strength or sensitivity you had before.
- Some numbness and/or tingling may occur in the involved arm.

After Surgery Care: Precautions And Arm Care Following Surgery

CARING FOR YOURSELF

- Use common sense.
- When caring for your nails, be careful not to cut too closely.
- Be careful cutting cuticles. Do not pull hangnails – this may cause injury and pain.
- Use hand cream and lotion to prevent chapping.
- Because of decreased sensitivity, avoid heating pads on the affected arm or incision line. You will burn easier.

5. Breast Surgery Care

- When bathing, check the water temperature with the unaffected arm/hand. Be sure the water is not too hot.
- Use sunblock when outdoors.
- Initially after surgery, avoid carrying heavy objects with the affected arm (groceries, large purses, etc.)

HOUSEWORK

- As always, use common sense.
- If you do housework, please limit it for the first 4 weeks.
- Light housework, such as dusting and washing dishes, will feel difficult and clumsy at this time.
- Heavy housework such as vacuuming and washing floors should be avoided during the initial 4 weeks.
- During the first 4 weeks, if housework is done, limit the use of strong chemicals or detergents and wear protective gloves.

SMOKING AND CHEMICALS

- If you smoke, enroll in a smoking cessation class.
- If you continue to smoke after surgery, hold the cigarette in the unaffected hand. Tobacco is cancerous and the chemicals from it have a better chance of getting through the skin of the affected arm.
- If you work with hazardous chemicals, they also have a better chance of getting through the skin and entering the body through the affected arm. Wear gloves.
- If you have any questions or problems, always call your doctor.

DOCTOR VISITS, LAB TESTS

- Do not allow anyone to draw blood or give you a shots in the affected arm without your doctor's approval.
- Do not allow your blood pressure to be taken from the affected arm without your doctor's approval.

HOBBIES AND OTHER ACTIVITIES

- If you sew, be careful not to prick yourself. It is advisable to use a thimble.
- When gardening, you should use protective gloves and use caution with pruning thorny plants such as rose bushes.
- Remember to use sunblock if you spend a lot of time outdoors.
- Pay attention when using small appliances such as hair dryers, curling irons, etc.

6. Resources

AAMC ASK-A-NURSE

410-573-5490
1-800-MD NURSE

AAMC LYMPHEDEMA CENTER

AAMC Health Sciences Pavilion,
Suite 400
2000 Medical Parkway
Annapolis, MD 21401
443-481-1140

ANNAPOLIS LYMPHEDEMA CENTER

2001 Tidewater Colony Drive #102
Annapolis, MD 21401
410-266-8010

Y-ME OF THE NATIONAL CAPITAL AREA

703-461-9595
24-hour HOPE line
1-800-970-4411 or 703-461-9616
6000 Stevenson Avenue, Suite 203
Alexandria, VA 22304
www.y-menca.org
email: ym1986nca@aol.com

AMERICAN CANCER SOCIETY

(Gambrills Office)
1041 Route 3 North
Gambrills, MD 21654
410-721-4304
1-800-ACS-NEED

NATIONAL CANCER INSTITUTE

1-800-4 CANCER
1-800-442-6237
Mon.–Fri. 9 a.m. – 4:30 p.m.

CROWNING ALTERNATIVES

(Wigs)
A Mobile Service
410-691-2251

CARING TOUCH MEDICAL

(Prosthesis)
132 Holiday Ct.
Annapolis, MD
410-571-6752

COMFORT CARE MEDICAL

(Prosthesis and Wigs)
2568 Riva Road
Annapolis, MD
410-897-0202

A SPECIAL TOUCH

(Prosthesis and Wigs)
41 Old Solomons Island Rd
Sigma Business Center Suite 102
Annapolis, MD 21401
410-571-6203

FITTINGS BY MICHELLE

(Prosthesis after Breast Surgery)
108 Chelsea Grove Court
Pasadena, MD 21122
410-255-0800

6. Resources

Internet Breast Cancer Sites

Anne Arundel Medical Center	aaahs.org
Anne Arundel Medical Center Breast Center	aaahs.org/cancer/breast.php
Breast Cancer Network	breastcancer.net
Susan G. Komen Breast Cancer Foundation	komen.org
Imaginis: The Breast Cancer Resource	imaginis.com
Living Beyond Breast Cancer	lbbc.org
Y-ME National Breast Cancer Organization	y-me.org
Breast Cancer Society of Canada	bcsc.ca
Public Health Institute's Breast Cancer Answers	canceranswers.org
National Lymphedema Network	lymphnet.org
American Cancer Society	cancer.org
American Institute for Cancer Research	aicr.org
Cancer News on the Net	cancernews.com
FORCE: Facing Our Risk of Cancer Empowered	facingourrisk.org
Lance Armstrong Foundation: Livestrong	livestrong.org
Young Survival Coalition	youngsurvival.org
US Nat'l Inst of Health (NIH) Nat'l Cancer Institute	cancer.gov
(NIH) National Cancer Institute, Breast Cancer	nci.nih.gov/cancertopics/ types/breast
(NIH) Nat'l Center for Complimentary & Alternative Medicine	nccam.nih.gov
(NIH) US National Library of Medicine	nlm.nih.gov
(NIH) National Coalition for Cancer Survivorship	canceradvocacy.org
(NIH) Nat'l Cancer Institute; Surveillance Epidemiology and End Results	seer.cancer.gov
Center Watch Clinical Trials Listing Service	centerwatch.com/
National Comprehensive Cancer Network	nccn.org
University of Pennsylvania	oncolink.org
American Society of Clinical Oncology	cancer.net
Cancer Care	cancercare.org

7. Wellness

Lifelong Wellness

You can begin taking steps toward life long wellness and healing while you are receiving treatment for your breast cancer. These steps can include having a positive attitude and outlook, getting regular exercise, getting proper nutrition, quitting smoking, attending a support group, seeking out psychotherapy, prayer, and any other form of complementary care that you feel supports you.

This section includes guidelines and programs that can help you begin this process as well as a glossary of complementary therapies that could be included in your wellness plan.

Comments from Survivors

It is a great help being able to talk to other women who have had surgery for breast cancer. They can share information about choices of surgery, after surgery treatments, types of reconstruction or prostheses. They take a lot of the unknown out of the worry which all diagnosed women go through.

–Peggy Kiefer

I don't want the cancer to define me – I'm so much more.

–Carol Burke

Women diagnosed with breast cancer are a small sample of the general population having a wide range of learning styles, personalities, emotional coping mechanisms and familiarity with medical procedures. Routine contact with a medical psychologist, cancer counselor or pastoral counselor (with specialty training) following diagnosis could provide individualized support, education and assessment of the types of support most efficacious for each woman...I suggest a counseling visit for every patient following diagnosis for the purposes of comfort, caring and referral.

–June Hutchison

Seek the positive, the good and the humorous. Let that energy be part of your power to heal. A happy cell has the best chance of health. Cultivate a self-nurturing spirit and live the life you create.

–Nancy Gough

It's so important for people to know that is possible to survive breast cancer.

–Dianne Hood

Breast Cancer and Nutrition

As we see in the literature, what you eat affects your health. Please use the following information as a guide to spark questions for your physician or nutritionist. We are all working to find out what actions will enhance our health and well being.

- There are numerous benefits to eating a plant-based diet: greater than five servings a day of fruits and vegetables; greater than seven servings a day of grains, legumes, roots and tubers.
- Choose minimally processed foods.
- Avoid refined sugars.
- Use whole grain products.
- Limit salt consumption. Use herbs and spices liberally (garlic is good).
- Limit consumption of alcohol and avoid smoking.
- Limit red meat to less than 3 ounces a day. Do not eat charred food.
- Include cold-water fish in your diet; for example, salmon, sea bass, orange roughy, flounder, sole, haddock, and red snapper.
- Fats should provide no more than 20-30 percent of your total calories. Use butter instead of margarine (1 tablespoon a day). Use olive oil.
- Drink green tea.
- Consider organic dairy products or substitute with rice milk or soy products.
- Consider organically grown produce.
- Supplement with flaxseed (ground) or take 1 tablespoon a day of flaxseed oil.
- Discuss with your oncologist if you are considering a soy supplement to serve as a weak estrogen.
- Drink caffeine in moderation.

Source: *Nutrition Action Health Letter*, December 1998 issue (Center for Science in the Public Interest). Judith A. Valentine, Phd, C,N.A., Richard Bernstein, M.D.

How to Prevent Breast Cancer, Ross Pelton, R.Ph., Ph. D., C.C.N.; Taffy Clarke Pelton, M.A., Vincent C. Vint, M.D.

The Breast Cancer Prevention Diet, Dr. Bob Arnot.

Breast Cancer and Exercise

Suggestions for regular exercise include:

- walking
- swimming
- cycling
- yoga
- Tai chi
- weight training
- aerobic classes
- hiking
- jogging

Anne Arundel Medical Center's Wellness Department offers a number of classes designed for people of all fitness levels. For more information about course offerings, see the Calendar of Events in AAMC Magazine, or call Community Health and Wellness 410-897-5360 or ASK-A-NURSE at 410-573-5490.

AAMC Breast Center Support Programs

AAMC programs are facilitated by a licensed counselor of the AAMC Breast Center.

Moving Forward

Moving Forward invites all breast cancer patients, their families and caregivers to attend an open forum group to discuss the impact of a breast cancer diagnosis. Support is offered through invited speakers as well as compassion and support from other people walking the breast cancer path. The group is facilitated by a licensed counselor and a registered nurse.

AAMC CAMPUS BREAST CENTER MEETING

1st Wednesday/month, 6:30–8pm, Health Sciences Pavilion, Suite 200

AAMC KENT ISLAND BREAST CENTER MEETING

Call 443-481-4289 for more information.

Survivors Offering Support

SOS is a unique support program that pairs volunteer survivors with newly diagnosed breast cancer patients. Selected and matched with the new patient by similarities in age, lifestyle and the treatment of their breast cancer; the survivor shares insights into her personal breast cancer experience, while providing information and emotional support to the new patient through the course of diagnosis and treatment. Volunteer survivors are trained mentors who provide an invaluable “buddy support system” and help make the breast cancer journey less confusing and less solitary. For more information, please call the oncology social worker at 443-481-4289.

Community Sponsored Support Programs

Community programs are supported by AAMC and facilitated by members of the community at large. Please contact listed informants to confirm time and dates.

Look Good...Feel Better

Meeting Time: 1st Monday/Month 6:30

Location: AAMC Health Science Institute, Health Science Pavilion, 7th Floor

Goal: LGFB is a hands-on group workshop dedicated to helping female cancer patients cope with and combat the appearance-related side effects of chemotherapy and radiation treatment, learn skin care and makeup applications as well as view demonstrations on hair/wig techniques. For more information and to register contact the American Cancer Society, (410) 721-4304.

METAvivor

Location: AAMC Health Science Institute, Health Science Pavilion, 7th Floor

Goal: The METAvivor Research and Support Program evolved out of a local support group established in Annapolis, Maryland in 2007 for persons with metastatic breast cancer. The program is run by and for those with metastatic breast cancer. METAvivor offers information, understanding and friendship for persons with metastatic breast cancer. This unique proactive support group is designate to help women adapt, face challenges, and continue to find enjoyment in life. For more information visit www.metavivor.org.

Sister 2 Sister

Meeting Time: 1st Monday/Month on a quarterly basis 6:30pm

Location: AAMC Health Science Institute, Health Science Pavilion, 7th Floor

Goal: Sisters is a social network/support group for minority women touched by breast cancer; providing support and resources in an atmosphere of warmth, sensitivity and understanding using quality services, education and research tools. For more information contact Carlette Allen, (703) 609-3324, or carletteallen@aol.com.

Wellness House

Offers services to cancer patients and their families free of charge in a serene setting just off Spa Road. Services offered include support groups, yoga classes, massage and reiki. The CLIMB program for children whose parent or loved one has cancer is a unique 8 week program that helps children deal with their fears, questions and anxiety. For more information call 410-990-0941 or www.AnnapolisWellnessHouse.org

Caringbridge

Offers free personal private patient and family websites. The websites can improve communication and support for the person with cancer and reduce the stress of keeping friends and family updated. www.CaringBridge.org

Nicotine Dependence Program

The good news is that it can be done! Thousands of people have walked away from tobacco. Staying away means breaking the addiction and adopting new habits. It can mean lifestyle changes. Statistics show that smokers attempting to quit achieve the best success through a formal program such as Anne Arundel Medical Center's (AAMC's) Nicotine Dependence Program (NDP).

AAMC's Nicotine Dependence Program

The NDP utilizes a variety of techniques to give you the extra support you need to stop using tobacco—either smoking or chewing. We have counselors who are specially trained in treating those with the addictive and behavioral problems associated with tobacco use. They are supported by physicians and staff at AAMC who have additional resources available for treating nicotine addiction.

Services

OUTPATIENT INDIVIDUAL COUNSELING

Initial visits are arranged by a referring physician or by self-referral. You will complete a smoking history questionnaire and meet with a counselor one-on-one. The counselors determine your readiness to quit, addiction level, and barriers to quitting, then they will help you develop an individualized plan to quit. Counselors consult with all referring physicians about your treatment plan. We provide regular phone follow-up for one year.

The Annapolis Outreach Clinic offers nicotine dependence services for uninsured individuals. Call 443-481-5366 or -5367 for more information.

INPATIENT COUNSELING

The NDP has provided inpatient counseling for several years. Patients identified as nicotine users during a hospital stay receive a brief counseling intervention at bedside. A counselor determines the readiness to quit, addiction level, barriers to quitting, CO level, and offers to help the patient develop an individualized plan to quit. Self-help materials are made available during the hospital stay and after the patient returns home.

Classes and resources

ADULT

“Becoming Smoke-free” classes are held throughout the year. Sessions cover issues related to maintaining a smoke-free lifestyle. Topics include managing withdrawal symptoms, quitting smoking without gaining weight, handling stress, and preventing relapse. Contact askAAMC at 443-481-4000 for registration information.

TEENS

Is your teenager smoking? Consult with our counselors regarding resources and programs available to help your teenager quit using tobacco. Contact askAAMC at 443-481-4000 for registration information.

CORPORATE PROGRAM

The NDP can bring a program to your business or place of work. Individual counseling and group meetings can be held morning, lunchtime or evening. Counselors can work with human resource departments to individualize a program to fit the specific needs of your business.

RESOURCES

The NDP has a variety of nicotine-dependence materials available to the public free of charge. Written information, audio and video tapes are available at different levels of comprehension to accommodate all ages. Some materials are also available in Spanish.

Quitting is difficult and no one but you can quit. However, NDP counselors will continue to support you with advice, encouragement and additional resources where necessary. Follow-up counseling phone calls are made throughout the year. Counselors will stay with you as long as you need them.

For more information about the NDP, call 443-481-5366 or askAAMC at 800-MD-NURSE.

Complementary Care Glossary

Acupuncture – An ancient form of Chinese medicine that uses fine needles to access points on the body that conduct energy, or qi, between the surface of the body and internal organs. Acupuncture balances qi energy, helps to keep energy flow in the body from being blocked, and in these ways, helps to maintain or restore health and wellness.

Herbal Therapies – The use of plants, or plant parts, which contain substances that act upon the body for their therapeutic value.

Massage – Manipulation of the soft tissues of the body to release tension that blocks the normal flow of body functions and energy to restore health and wellness.

Energy Healing – Therapies that affect either energy sources that originate within the body or are external energy fields surrounding the body. These modalities usually involve light touch or passing hands over the body.

Reiki – An energy healing therapy that originated in Japan. It is based on the belief that by channeling spiritual energy through the practitioner, the spirit of the individual can be healed, which in turns heals the physical body.

Healing Touch/Therapeutic Touch – An energy healing therapy based on the premise that the healing force comes from within the practitioner. It is the practitioner's healing force that balances the patient's energy fields, thus promoting healing and health.

Meditation – A process of relaxation and clearing of the mind to bring about mental, physical, emotional and spiritual benefits.

Guided Imagery/Visualization – The use of images in the mind in combination with a relaxed state to bring physical, mental, emotional, and spiritual benefits and healing. An individual can use this technique on his or her own, or images can be given, or guided, by a trained practitioner.

Music Therapy – The use of music to bring about physical, emotional, mental, and spiritual release and healing. It can be coupled with the use of images or words to enhance effect. An individual can use this technique on his or her own, or can be assisted by a trained practitioner.

Art Therapy – The use of any form of art (i.e. drawing, painting, sculpting) as a medium for release of feelings to bring about physical, emotional, mental, and spiritual release and healing. An individual can use this technique on his or her own, or can be assisted by a trained practitioner.

Journaling – The use of written words, sometimes coupled with pictures or images, to express thoughts, feelings, ideas and concerns as a medium to bring about physical, emotional, mental, and spiritual release and healing.

7. Wellness

8. Notes

9. Directions to Anne Arundel Medical Center

Patient Guide



Anne Arundel
Medical Center

2001 Medical Parkway
Annapolis, MD 21401
443-481-1000
TDD: 443-481-1235
www.aahs.org